

**LAW OFFICES OF GARY R STANFORD****610 WEST LYNN  
AUSTIN, TX 78703****(512) 474-7678 - TELEPHONE  
(512) 477-4080 - FACSIMILE  
(509) 756-4110 - EFAX  
gstanford@alumni.utexas.net****RECEIVED  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/673,684
	Filing Date	September 29, 2003
	First Named Inventor	Michael M. Walters
	Art Unit	2838
	Examiner Name	Unassigned
	Attorney Docket Number	50156CPI1 (SE1933IP / INSL.0098)
Total Number of Pages in This Submission		2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Gory R Stanford, Reg. No. 35,689	
Signature	<i>Gory R Stanford</i>	
Date	March 9, 2004	

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**CHANGE OF  
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Application**Address to:  
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Application Number	10/673,684
Filing Date	September 29, 2003
First Named Inventor	Michael M. Walters
Art Unit	2836
Examiner Name	Unassigned
Attorney Docket Number	50158CPI1 (SE1933IP / INSL.0098)

Please change the Correspondence Address for the above-identified patent application to:

☒ Customer Number : 26122

OR

☐ Firm or  
Individual Name Gary R Stanford

Address Law Office of Gary R Stanford

Address 810 West Lynn

City Austin State TX Zip 78703

Country USA

Telephone (512) 474-7678 Fax (512) 477-4080

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I am the:

☐ Applicant/Inventor☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☒ Attorney or Agent of record. Registration Number 35,689☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_Typed or Printed  
Name Gary R Stanford, Reg. No. 35,689Signature *Gary Stanford*

Date March 9, 2004

Telephone (512) 474-7678

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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